PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUL 22 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005354(3)

1. Corporation Name
Camp Creek Point Homeowners Association, Inc.

Principal Place of Business	Mailing Address
2405 Jenks Avenue Panama City, Fl. 32405	2405 Jenks Avenue Panama City, Fl. 32405

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: October 16, 1996

5. FEI Number: 593480184 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City-State-Zip 4
PD	W.E. Durham	2405 Jenks Avenue	Panama City, Fl. 32405
PD	David G. Tillis	2405 Jenks Avenue	Panama City, Fl. 32405
PD	P.T. McGowan	2405 Jenks Avenue	Panama City, Fl. 32405
PD	Lewis Howell	2405 Jenks Avenue	Panama City, Fl. 32405

7/24 97-98.

B. REINSTATEMENT

8. Name and Address of Current Registered Agent

C.M. Petty
2405 Jenks Avenue
Panama City, Fl. 32405

9. Name and Address of New Registered Agent

Name: John Baric
Street Address (P.O. Box Number is Not Acceptable): 7900 Glades Road
Suite, Apt. #, Etc.: Suite 200
City: Boca Raton | State: FL | Zip Code: 33434

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: John Baric — Date: 7-16-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Lewis Howell — Lewis Howell — 7-15-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #